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THE ATTITUDE OF THE PUBLIC TOWARD A NURSE'S TIME

BY RUTH BIRCHARD, R.N.

Cleveland, Ohio

A. is a wealthy, influential man convalescing in a private room in a hospital. C. is a nurse on general duty.

Circumstances: Fresh linen had been placed in the room, early in the morning. C. entered to give a bath, looked over the linen and found some missing.

A. I think there is a great deal of mismanagement about the linen in a hospital. Now that linen has changed hands several times this morning. One nurse comes in and leaves sufficient for the room. Another nurse comes in and takes something she wants from it. Then some one else comes in and takes a piece. When the first nurse comes in to fix up the patient, she finds she has not enough, and goes off to hunt it up, instead of giving the patient a bath. It is a waste of time.

C. Well, I guess it will always be that way; no matter how much linen there is, it is all used. It is the same in every hospital.

A. But it should not be; a little management would remedy it.

C. Well, you know how it is in an office; some people are careful, exact, and always have things in order, but there are always some who use up all the stationery, no matter how much there is, and they are not the ones who see that it is replaced. It is the same the world over.

A. But I don't see any need of it in regard to the linen in a hospital, when it goes so far as to interfere with the patient's comfort. A system could be easily worked out.

C. It might be well to offer that suggestion to the hospital management. I heard a lecture on Hospital Administration in which it was shown how little things count up in a large hospital. The fact was brought out that if each nurse were to leave from one-fourth to one-half ounce of butter in her plate at each meal, it would mean a waste of from one to two cents per person, when butter costs sixty-four cents a pound, or four cents an ounce.

A. That would mean about \$3 a day, if there were sixty nurses.

C. My reaction to that lecture was as follows. The next morning there was a line of twenty-five nurses waiting for the breakfast to be served, and because of the slowness of the serving, I began, while waiting, to figure the time lost, if each nurse waited for ten minutes. I found that even at the lowest rate of allowance paid the nurses, it amounted to \$10 worth of time for one meal. A maid would be glad to do some speedy work at that price.

A. But that is different.

C. How so?

A. Well now, if a bricklayer, who lays so many bricks per hour, lost ten minutes, so many bricks would not be laid.

C. A nurse does not lay bricks, but her time is as valuable to her, as anyone else's time is to him.

A. It never has been that way.

C. It has never been recognized as "that way," but it will have to be, in the future, because nurses cannot live on ideals in this day and age.

PSYCHIATRY FOR THE STUDENT NURSE

BY CHRISTINE BEEBE

New York, N. Y.

In reading the current articles in the mental hygiene magazines of to-day, one is struck by the fact that so much stress is put upon the subject of special training in Psychiatry for social workers and so little is said about the training of the student nurse in this branch which would seem to be as necessary to her equipment as any other single branch of training.

No training school would consider the omission of a course in obstetrics, yet class after class is graduated which has heard scarcely a lecture on mental disease and with no special experience with psychiatric cases.

Of course the nurse meets the mental and nervous element in every case of physical disease or injury with which she comes in contact, but never having been taught to recognize this element, its significance escapes her. She pushes aside all consideration of the mental complication of a fracture, for instance,—which is there, even if it is not noticed by the untrained person. The mental derangement should be reckoned with, if the personality of the patient is to be given its just due. If his mood changes, which he can control no easier than he can control the rise of his temperature, it is felt by the nurse to be an expression of his normal mind. She disapproves and becomes irritated; in spite of her efforts to the contrary, she shows it, and a disastrous antagonism grows between them.

If this is true in a fracture case, how much more important the psychiatric viewpoint becomes, in caring for a case characterized by fever, where the physical and the mental play about equal parts. Many tragedies occur through the carelessness of nurses who, by lack of constant watchfulness, do not make it impossible for their patients to get out of bed and wander about in the cold with perhaps